

Introduction

The pilot phase of the National Cancer Institute (NCI) Community Cancer Centers Program (NCCCP) ended its second of three years by implementing a variety of initiatives to advance clinical research and improve the quality of cancer care at community hospitals – with an emphasis on minority and underserved patients.

The NCCCP pilot is exploring what it takes to conduct complex cancer clinical trials and offer state-of-the-art treatment options in a hometown setting so patients do not have to commute to large, university-based medical centers to receive high-quality cancer care. The 16 participating hospitals in the NCCCP have already begun to share their initial findings and best practices with other community hospitals.

The pilot hospitals – located in 14 states across the country – serve patients from a wide range of geographic and demographic localities in rural, small-town, and underserved urban areas. This diversity offers a potential framework for a national program of community cancer centers that would be integrated with NCI's extensive network of cancer research and quality care initiatives.

Key Accomplishments by Focus Areas

1. Reduce Cancer Healthcare Disparities

- All NCCCP hospitals now have patient navigators who help reduce healthcare disparities by guiding each patient – according to his or her individual needs – through the complex web of clinical care, social services, and financial counseling.
- Three-quarters of NCCCP sites have become more connected with community organizations that conduct outreach for cancer prevention, screening, and treatment. Seven NCCCP hospitals have linked to NCI's Community Networks Program to reach underserved populations, and more than half of the sites have increased their community outreach staffs.
- NCCCP hospitals developed an overarching *Disparities Vision Program Overview and Dashboard* to ensure that disparities are defined and tracked throughout all aspects of the pilot, including clinical trials, biospecimen collection, information technology, quality of care, survivorship, screening, community outreach, and patient navigation.
- Pilot sites developed the *NCCCP Template for Community Outreach*, outlining ways to plan, implement, and evaluate outreach efforts targeted to specific population groups and cancer types.

Worth Noting in Healthcare Disparities:

- To unite their efforts, all pilot sites adopted the same definition of healthcare disparities: "We define the populations affected by health disparities to include racial and ethnic minorities, and other underserved populations: residents of rural areas, women, children, the elderly, persons with disabilities, the uninsured, the underinsured, and those who are socioeconomically disadvantaged." In addition, NCCCP sites are working to introduce into their programs standardized categories for race and ethnicity tracking based on Office of Management and Budget guidelines and mandated by the Department of Health and Human Services.

2. Increase Patient Involvement in Clinical Trials

- Qualified patients at NCCCP sites now have easier access to NCI-sponsored treatment trials for five common cancer types, including breast, colon/rectum, kidney, lung, and non-Hodgkin lymphoma. Their participation provides researchers a larger, more-diverse cohort of patients to test new approaches, helping to speed the delivery of new cancer drugs to the public.
- All 16 hospitals are using a clinical trials screening accrual log for capturing patient data, including the race and ethnicity of patients screened for and enrolled in clinical trials – compared with only one-third of sites tracking these data at the beginning of the pilot. This effort is providing insights into healthcare disparities, ways to increase clinical trial enrollment, and how to target new cancer treatments for specific populations.
- The pilot sites are engaging in professional education about clinical trials, including participation in a Webinar series for community healthcare providers about cultural awareness and recruitment of underserved populations.

Worth Noting in Clinical Trials:

- Clinical trials can offer patients access to promising new cancer treatments before they are available to the general public. Trials are also necessary to gain Food and Drug Administration (FDA) approval of new treatments for use by the public. Yet, only 3 percent of adult cancer patients participate in trials. All NCCCP sites are working toward eliminating patient-related barriers to clinical trial participation by providing interpreters, patient navigators, financial assistance programs, and community education.

3. Enhance Information Technology Capabilities

- The NCCCP sites made strides this year to convert paper-based patient records to electronic health records (EHRs) and are beginning to demonstrate what is needed to integrate EHRs into the workflow of a community healthcare system. Work is under way, through a joint venture of NCI and the American Society of Clinical Oncology (ASCO), on the development of requirements for an oncology-extended EHR, which will be a primary focus in the third year of the pilot.
- Each NCCCP pilot site has developed an individual informatics strategy, including details of the technologies they will employ and how they will make them interoperable with the clinical systems they have in place. Many of the sites are adopting NCI's caBIG® (cancer Biomedical Informatics Grid®) tools and resources as part of their plans. The sites intend to submit for publication an article on using information technology to enhance community-based clinical research in year three.

Worth Noting in Information Technology:

- Although less than 2 percent of U.S. hospitals have a comprehensive EHR system in place, evidence is emerging that EHRs can improve the quality and efficiency of medical care and cancer research. The NCCCP is involved in breaking new ground in moving from decentralized, paper-based records systems to computerized systems. Success in this area could make the pilot a model for the nation's healthcare system as it moves toward electronic patient data.

4. Standardize Biospecimen Collection

- All sites are assessing what it will take to adopt NCI's Best Practices for Biospecimen Resources to improve the quality of medical specimens that are becoming increasingly important for research. These guidelines set standards for collecting, documenting, storing, and transmitting specimens to cancer research laboratories.

- All sites continue to implement NCI recommendations for snap-frozen and formalin-fixed tissues. These recommendations delineate essential, basic steps to ensure that medical specimens are of high quality and value for research and patient care. Several sites are collaborating with NCI-designated Cancer Centers and other academic institutions for tumor biospecimen collection.

Worth Noting in Biospecimens:

- Three NCCCP pilot sites are collecting cancer biospecimens for The Cancer Genome Atlas (TCGA), a collaborative effort of NCI and the National Human Genome Research Institute. The sites are the first community hospitals in the United States to participate in this project to accelerate understanding of the molecular basis of cancer through the application of genome analysis technologies, including large-scale genome sequencing. These sites are involved in TCGA working groups to develop disease site-specific protocols for collecting rare, limited tumor specimens, including specimens from breast, esophageal, and pancreatic tumors.

5. Improve the Quality of Cancer Care

- All NCCCP pilot hospitals are now offering their patients genetic counseling to determine risk levels for certain cancers and to help genetically susceptible patients identify the best prevention or treatment approaches. The NCCCP has developed the *Genetic Counseling Assessment Tool* to define the minimal genetic counseling service requirements to guide improvements.
- Eleven of the 16 sites now have physicians participating in ASCO's Quality Oncology Practice Initiative (QOPI) to measure and improve healthcare quality in medical oncology practices. By participating, the NCCCP can compare cancer care provided by the pilot sites to care provided nationally. As a result, the pilot sites have made improvements, including the development of standardized chemotherapy orders, treatment summaries for patients and referring physicians, and a standardized chemotherapy consent form.
- The American College of Surgeons (ACoS) Commission on Cancer visited all NCCCP sites to prepare them for beta testing of the Rapid Quality Response System (RQRS), which enables the sites to collect cancer treatment data and improve quality of care prospectively.
- Promoting the concept of integrated multidisciplinary cancer care, the NCCCP network developed the *Multidisciplinary Care Assessment Tool* to set benchmarks against which measurable care improvements can be made.

Worth Noting in Quality of Care:

- The NCCCP sites are increasing their use of evidence-based guidelines for improved quality of care endorsed by the major cancer-research organizations, including ASCO, ACoS, and the National Comprehensive Cancer Network (NCCN).

6. Enhance Survivorship and Palliative Care Services

- With the number of U.S. cancer survivors now exceeding 10 million, optimizing survivorship and palliative care services in community settings is more important than ever. The pilot sites drafted a *Palliative Care Matrix Assessment Tool* that allows community hospitals to self-assess their existing palliative care programs or develop new ones to ensure that survivors gain the most benefit from these programs.
- Two-thirds of the sites have enhanced or initiated new educational programs to support survivors after treatment, including sharing information about fear of recurrence, late and long-term effects

of cancer therapy, and lifestyle changes. Many of these programs are being made available to underserved survivor communities through telemedicine, teleconferences, and Internet technologies.

- Most sites have provided education to staff and physicians about psychosocial, survivorship, and palliative care management.

Worth Noting in Survivorship and Palliative Care:

- The NCCCP sites are developing individual treatment summaries and a post-treatment care plan for breast cancer patients completing adjuvant therapy, adapted from a care plan developed by ASCO. With recommendations from the pilot sites, NCCCP modified the ASCO documents and provided feedback to ASCO, which is currently considering adoption of the modifications.

Organizational Accomplishments

In addition to the year-two focus area accomplishments, the NCCCP pilot has reached several organizational milestones.

- Evaluation of the NCCCP toward meeting its stated goals is under way, leading into the pilot's third year. RTI International, Inc., is conducting a cost study, a patient survey, and a case study, including site visits.
- The pilot is developing a physician outreach strategy to educate primary care physicians in the pilot hospital areas about the NCCCP and to encourage referrals to clinical trials, survivorship programs, and other services offered through the pilot sites.
- The network developed recommended *Physicians' Conditions of Participation* to support NCCCP goals for participation in clinical trials, quality of care, board certification, and acceptance of uninsured patients.
- The NCCCP has begun to share its collective knowledge and best practices via a public Web site <http://ncccp.cancer.gov/About/Progress.htm>, so other community medical institutions can benefit from these resources.

Moving into Year Three

In the third and final year of the pilot, the participating hospitals will continue to collaborate with and learn from one another to further strengthen this public-private partnership and share what they learn with community hospitals outside the network. They also will develop a final report for NCI documenting the lessons learned on the best ways to advance state-of-the-art cancer care and research to benefit patients in their home communities.

